

Circles of Success

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COMMUNITY DEVELOPMENT INITIATIVE OF ARIZONA

EXECUTIVE SUMMARY

PROGRESS REPORT

Community Development Initiative of Arizona (CDI-AZ)

Arizona Health Care Cost Containment System

Report to the Governor

The Arizona Health Care Cost Containment System (AHCCCS) is a public-private partnership that uses federal, state, and county funds to provide health care coverage to the state's acute and long term care Medicaid population, low-income groups, and small businesses.

Collaboration is an integral part of the goals and strategies that support the AHCCCS strategic plan. Successful collaboration with other agencies, health plans and the community, allows us to continue responding to the health care needs of approximately 1 million Arizonans.

As Arizona's Medicaid managed-care agency, our role is to delegate service delivery to other agencies, health plans, and contractors. Our managed care system mainstreams members and allows them to choose their providers, and encourages prevention and the coordination of quality care. AHCCCS' innovative structure allows the capability to effectively respond to the growing health care concerns of families and children throughout Arizona without directly providing services.

AHCCCS has both short and long-term concerns about the growing number of Arizonans receiving AHCCCS health insurance:

- The short-term focus is to ensure sufficient federal and state funding to meet the sizeable membership, without creating a general fund deficit.
- The long term focus is to manage the rise in medical costs and increase public and private health care coverage options without negatively impacting other essential State services, while improving health care quality and access to primary, preventive, and community-based services.

Although the AHCCCS agency structure differs from other service-oriented agencies, AHCCCS is dedicated to the Community Development Initiative and supports the principles as they relate to the agency's overall mission: *Reaching across Arizona to provide comprehensive, quality health care to those in need.*

Actions since the Summit to implement the Community Development Initiative (CDI-AZ):

AHCCCS staff involvement in last year's Community Development Summit began to lay the groundwork for the exploration of varied approaches to partnerships with the community beyond those already employed. AHCCCS administration's focus has remained setting policy and controls for eligibility determination, member enrollment management, quality assurance of medical care, provider and plan oversight, federal and

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state financial management and reporting, and procurement of contract providers.

AHCCCS' Community Relations Office continues to actively support the Community Development Initiative and represents the agency on the CDI-AZ Steering Committee. Community Relations supports all AHCCCS staff collaboration with numerous community/children/family focused committees and task forces, such as: DES/AzEIP, CRS Task force, School Readiness Board, Governor's Task Force to Prevent Teen pregnancy and STD, Governor's Task Force Preventing Newborn Exposure to alcohol and substance abuse, Arizona 2-1-1 Advisory Council, and the Virginia Piper Parent Toolkit Committee.

Collaboration with other agencies:

AHCCCS' Community Relations Office works to raise public awareness and understanding of AHCCCS programs, services, and policies. In an effort to create partnerships with the community, Community Relations also educates community-based organizations, advocates, and local and state government offices about AHCCCS. Families and communities throughout Arizona are impacted by AHCCCS partnerships with other state agencies and community-based organizations, such as:

Arizona 2-1-1 Online: A government/community partnership, involving multiple agencies, such as AHCCCS, DES, DHS, ADEM, and Housing. This collaboration works to provide health, human services, and emergency resource information statewide to those who want help or want to give help. Daily this system connects children, families, and community members to government and community-based resources in hopes of improving their quality of life.

Healthy-E-Arizona: AHCCCS continues to work with ADES and Community Health Centers Collaborative Ventures, Inc. (CHCCV) to promote the Health-e-Arizona application. This web-based application screens individuals for health care programs, gives immediate feedback about potential program eligibility, and transmits the application electronically to the appropriate ADES or AHCCCS office. Health-e-applications significantly minimize the repetition of data entry and reduce the need to present at traditional eligibility offices to apply for health care.

School Lunch Program Survey: AHCCCS worked with the Arizona Department of Education to add health coverage questions to the Department's Free and Reduced School Lunch Program survey. Families that indicate they have a child in need of health insurance and express an interest in finding out more about AHCCCS are sent an application.

DES/AzEIP: Partnered and implemented a procedure for use by AzEIP service providers, service coordinators and health plan MCH coordinators to improve the delivery of AzEIP and EPSDT covered services as well as to increase involvement of the PCP.

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CRS Task Force: CRSA, CRS contractors, AHCCCS and health plans, working together to improve coordination service delivery to members and families of members receiving services through CRS and Medicaid health plans. The task force identifies barriers in the care coordination process and ways to overcome the barriers.

Children's Oral Health Performance Improvement Project (PIP): AHCCCS collaborated with contracted health plans on a Children's Oral Health PIP to identify and implement interventions for increasing the rate of annual dental visits among children ages three through eight. Findings showed that, during the study period, dental visits among children enrolled in Medicaid and KidsCare increased 10.5% and dental visits among special needs children enrolled with the Department of Developmental Disabilities increased 22.0%. Particularly, annual dental visits for children and adolescents increased to 53.9% for those enrolled in Medicaid and 63.5% for those enrolled in KidsCare, ranking Arizona in the 90th percentile among Medicaid plans.

AZ Academy of Pediatrics: Collaborated to implement PEDS tool for all EPSDT visits for children who where in the NICU after birth. AHCCCS worked together to improve identification and treatment of developmental delays in order to improve readiness for school and learning.

School Readiness Board: Collaborated on the Health Implementation Team to prepare Arizona's youth to be as prepared as possible for learning when they enter the educational system, primarily as it related to immunizations and well-child visits.

Childhood Obesity program: Encourages families to eat more nutritious meals and supports the obese child and his/her family with exercise therapy, nutritional counseling, and behavior modification at the direction of the Primary Care Provider.

Where we go from here:

AHCCCS recently published a 5-year strategic plan that sets forth a new vision for AHCCCS, positioning the agency to more effectively and efficiently meet the health care needs of Arizonans in the twenty-first century. Within the context of the ever-changing health care environment, AHCCCS continues to expand its focus on health care management. Because Arizonans want health care security, AHCCCS will continue to develop public and private health care partnerships with financial, technical, and intellectual capital to support the availability of affordable health care coverage and services to at-risk Arizonans. This vision describes an Arizona that balances the availability of affordable private health care options with the safety net of public coverage

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for those who are economically disadvantaged, medically needy, disabled and/or elderly.

AHCCCS' CDI-AZ involvement and support will continue and be coordinated by the Community Relations Office. With assistance from our CDI-AZ Steering Committee members, further research will be done on the integration of the Community Development principles into the AHCCCS system.

Challenges in moving forward:

Rising Health Care Costs: For SFY 2005 and SFY 2006, states reported that direct health care costs were the most significant factor driving Medicaid spending. Higher costs for inpatient care, physician services, prescription drugs, and new technologies significantly affected expenditure growth.

Increases in Enrollment: During SFY 2005, state Medicaid programs reported a 4% growth in enrollment. The growth expectation for SFY 2006 is 3.1% (Kaiser Commission). Despite some modest slowing, Medicaid enrollment will have increased by over 40% nationally between SFY 2001 and SFY 2006. Much of this growth can be attributed to a changing economy, an increase in private health insurance premiums, and a reduction in employer contributions. The reduction or elimination of retiree benefits has also contributed to this growth (Kaiser Commission).

Fragility of the Population: Medicaid, unlike employer-based coverage, has historically served a disproportionate number of chronically ill, elderly, and disabled populations. According to one report, one in every five members covered by Medicaid reports only fair or poor health (Health Insurance Coverage in America). In fact, it is projected that services for the elderly and disabled will account for three-fourths of the projected increase in Medicaid spending between 2001 and 2006. An additional concern is that, beginning with the baby boom generation, overall national demographics point toward a more elderly population. As life expectancy increases, so do accompanying chronic conditions requiring considerable care.

Quotes:

Director Tony Rodgers: "Sharing information about our agencies is the first step toward building community capacity and creating healthy self-sustaining communities."

What we need from the Governor to sustain the Community Development Initiative of Arizona:

The CDI-AZ needs the Governor's continued support and advocacy.

Community Development Initiative of Arizona (CDI-AZ)

Arizona Department of Juvenile Corrections

Report to the Governor

Actions since the Summit to implement the Community Development Initiative:

Since the Circles of Success, Communities of Strength Summit held in April 2005 the Arizona Department of Juvenile Corrections (ADJC) has worked in concert with the Community Development philosophy. The goal of the Community Development Initiative (CDI-AZ) is for families and agencies to work closely together to develop and enhance self-reliant and self-sustaining families and communities.

ADJC has embraced this concept and many of the CDI-AZ principals are incorporated into the department's strategic plan. One of ADJC's major goals has been to develop a system to identify family strengths and needs. Some of the objectives we have accomplished to reach this goal are:

- Develop and implement a structured objective family assessment within the first 14 days of a youths placement with our department
- Establish and hire a family liaison position for each of our secure care facilities. This person empowers and advocates for families so they can navigate multiple systems and maintain involvement with their child while in secure care
- Promote, develop, train, and utilize "Child and Family Teams" for both youth in secure care and in the community
- Develop a family service resource guide for every county in Arizona. This resource guide provides information ranging from mental health treatment to transportation. It is available to anyone via the Internet
- Create a youth handbook and family services program manual. A family orientation video and a youth orientation video are currently in the process of being developed.
- Purchase and install teleconference and videoconference equipment in our facilities and offices so that parents who might otherwise be unable to participate can be involved in meetings with youth and ADJC professional staff.

Another important goal for the department is to develop and maintain a positive treatment oriented culture among youth, their families and staff. ADJC values the ability to create opportunities for youth and families to lead productive lives and supports the commitment to family-professional partnerships. Over the past year, ADJC has made a commitment to reduce the number of youth in out of home placements by providing the tools and support

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necessary for youth to be successful at home. It has implemented evidenced-based blue print models that have proven effective. Some of the approaches used to assist families include: Functional Family Therapy, Multi-Systemic Therapy, and youth advocacy programs.

ADJC sought and received grant funding to compensate parents for their involvement in the CDI-AZ. Parent leaders were identified and reimbursed for their travel and time when they participate in CDI-AZ meetings. Some of these resources were also used to assist parents from other state agencies. Remaining funds will be utilized to provide transportation for parents so they will be able to maintain connectivity with their child in secure care.

To assist our families and communities ADJC has hired a Spanish interpreter/translator. This person provides culturally and linguistically appropriate services to ADJC clients for monolingual, Spanish speaking juveniles, and their families. The Spanish interpreter/translator currently works with the Mexican Consulate Office in Phoenix to repatriate Mexican National juveniles. In the coming months, the Spanish interpreter/translator will begin discussions with the Mexican Consulate Office in Tucson.

ADJC created two new parole offices to better serve our rural communities. Offices in Nogales and Casa Grande were developed so that services are more accessible for our youth and families. The new offices have provided the opportunity for ADJC to further engage with families and other agencies within the community.

Impact on families and communities:

Over the past year, the department has proactively worked to engage families and communities for greater involvement. ADJC's vision is to have safer communities through successful youth. This can best be accomplished by having stronger family and community support and involvement. The CDI-AZ is but one of many initiatives the department has embraced in order to achieve this goal.

Using Multi-Disciplinary Teams and Child and Family Teams, the department has been able to increase the number of families who participate in treatment staffing. In order to enhance and improve family participation we have implemented the use of video and audio conferencing, removed language barriers, and increased the number of child and family teams. Family Liaisons have been instrumental in getting families to become more involved in their child's treatment and programming. Through grant funding, transportation has been made available to parents who would otherwise not be able to visit their child.

Collaboration with other agencies:

ADJC has been and continues to be supportive of the Community Development Initiative. The staff played an important role in planning and organizing the summit as well as providing materials, handouts and speakers. Director Branham along with the directors from DES, DHS, and AHCCCS provided opening remarks for the Summit. Their participation demonstrated the various state departments' support for this collaborative effort. ADJC has also provided a meeting facility for CDI-AZ partners to meet. Additionally, the department has shared resources and continues to collaborate with other

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state agencies, parent leaders, and families.

Changes resulting from initiative:

As a result of this initiative, ADJC has strengthened its relationship with other state agencies and has been able to share resources and information. Families who have participated in these efforts have felt valued and respected. This has in turn created a better environment for youth, families, and communities. Families have not only been allowed but encouraged to take ownership and responsibility for their success. Although it is premature to determine at this point, we believe that families who have ownership for their behaviors and actions will be more likely to sustain their accomplishments.

Where we go from here:

The department is committed to the goal of developing and supporting self-reliant, self-sustaining families and communities. The collaboration we have had with our fellow state agencies has been beneficial to everyone involved and we plan to continue and strengthen these relationships. Along with the various Regional Behavioral Health Authorities and Child Protective Services, ADJC has developed protocols for coordination of care. These departments have signed letters of agreement so that we are able to work more closely together to strengthen our families and communities. ADJC remains committed to these efforts and will continue to empower our families and constituents.

Challenges in moving forward:

ADJC is an agency whose mission is to enhance public protection by changing the delinquent thinking and behaviors of juvenile offenders committed to the department. At the same time ADJC values families and strives to partner with them by creating opportunities to enhance their ability to effectively work with their son or daughter and the department. ADJC continues to move forward toward becoming a family friendly agency however safety and security must be maintained. This means all parents and visitors will have background checks, pass through a metal detector when entering the facility and may be randomly checked for drugs by drug dogs when entering a facility. Parents of ADJC youth have had frequent contact with either the police or juvenile probation and the courts before their son/daughter arrives at ADJC. Consequently, parents are skeptical about being asked to become involved. ADJC will continue to develop strategies to address this challenge and break down these barriers. The family liaisons are beginning to work closely with parents by communicating with them and being a resource for their questions. In addition, the family liaisons are developing focus groups to identify issues for parents and then begin to work collaboratively to address these issues to become more family friendly.

Another issue that presents a challenge for parents of our youth is transportation. Many parents of ADJC youth do not have the ability to visit their youth. The distance is certainly a factor; reliable vehicles and the cost of fuel all compound the issue. ADJC is developing a plan to address this issue.

Who is noticing:

ADJC has been an active and welcomed member of the CDI-AZ partnership. This group is comprised of the Office of the Governor, Families of Arizona, DES, DHS, and AHCCCS. Members of the CDI-AZ partners have been informed of the work we do with youth and have taken the opportunity to visit our facilities.

Stories/Quotes

A citizen contacted the department to discuss a complaint she had with a group home, which was located in her neighborhood. It was determined that this was not a placement which ADJC places youth. Rather than refer this citizen to another department ADJC administration decided to assist her in resolving the problem. The issue was brought to the attention of CDI-AZ partners and a meeting was arranged with all interested parties including the concerned citizen. The matter was successfully resolved due to the collaborative efforts from the various state agencies.

Recently, ADJC was approached by an administrator of the Division for the Developmentally Disabled (DDD) and fellow CDI-AZ partner. Resources were needed for parents to participate on community action teams. The department had obtained resources to compensate parents for their involvement in the Community Development Initiative. Since this request was consistent with ADJC's mission and the Community Development Initiative, resources were provided to help DDD parents' involvement on Parent-Led Community Action Teams.

How to sustain this movement:

The department of Juvenile Corrections knows that in order to achieve our goals and vision we must partner with families, communities, and state agencies. We have strengthened our relationships with these partners and will continue to do so. In order to move from providing services to developing communities we must empower families and give them the tools, training, and skills they need to be successful. ADJC can sustain this movement by remaining dedicated to our mission and values. Department personnel will remain actively involved in the efforts of the CDI-AZ and provide leadership and support.

What we need from the Governor to sustain the Community Development Initiative of Arizona:

Governor Napolitano has expressed her support of this initiative, which clearly demonstrates her dedication to the children and families of Arizona. The most important thing the Governor can provide is her continued support of bringing together families and constituents of Arizona's child-serving agencies. With the Governor's commitment to this initiative will come enhanced collaboration and seamless systems of care for youth and families, which will further strengthen agencies and communities.

"Safer Communities Through Successful Youth"

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Community Development Initiative of Arizona (CDI-AZ)

Arizona Department of Health Services

Report to the Governor

Actions since the Summit to implement the Community Development Initiative:

The Office for Children with Special Health Care Needs (OCSHCN) coordinated and scheduled an ADHS CDI-AZ Training on September 28, 2005 at the Arizona State University Downtown Campus in Phoenix. This was the first step in implementing the initiative with the agency. Participants included OCSHCN parent community development leaders, family members from the Family Involvement Center and MIKID and staff from the Office of Oral Health (OOH), Office of Chronic Disease Prevention and Nutrition Services (OCDPNS), Office of Women and Children's Health (OWCH), Division of Behavioral Health Services (DBHS), Emergency Preparedness, Epidemiology and Disease Control/OHIV and Office for Children with Special Health Care Needs.

A plan was developed by the OCSHCN staff at the ADHS training to introduce the CDI to the Sickle Cell Anemia Family Group in November 2005. The Community Development Program staff coordinated with the Sickle Cell Anemia program manager to form Operation Sickle Cell. In January 2006, families, individuals affected by their disease, and health professionals gave a presentation of the history, origin, and affects of sickle cell disease. Participants included staff from the OCSHCN, OWCH, Nutrition and Chronic Disease Prevention, Children Rehabilitative Services (CRS), the Sickle Cell Anemia Society of Arizona, Inc. and the Quest to Cure Sickle Cell Foundation, Inc. The presentation on sickle cell anemia allowed staff the opportunity to listen to families and individuals affected by the disease, to learn more about the affects of sickle cell disease, and what families and patients experience living with the disease.

Community Development Program staff have participated in several staff meetings with OWCH to provide technical assistance on CDI-AZ. Quarterly meetings have been established with staff from the Office of Health Systems Development as a means of sharing information about community based activities. The CDI-AZ summit planning team is now serving as a steering team for this initiative and supported by OCSHCN parent community development leaders and staff. The Community Development Program has two designated staff dedicated to this initiative.

The Division of Behavioral Health Services has encouraged and supported a stronger linkage between families involved with OCSHCN and families involved with the DBHS. Two of the most prominent family support, advocacy, systems transformation organizations within our behavioral health system, the Family Involvement Center (FIC) and Mentally Ill Kids in Distress (MIKID) have been invited to participate as members of the CDI-AZ Steering Committee. Representatives from FIC and MIKID were involved with the planning and presentations for the mini-summit conducted by ADHS on 9-28-05. This very successful event was held as a follow-up of the Statewide Summit, which occurred on 4-26-05. The Northern Arizona Regional Behavioral Health Authority (NARBHA) is

collaborating with many of the parent-led community action teams operating in communities across northern Arizona. NARBHA's collaboration with the eight organized family-led teams is creating a stronger partnership with common strategic goals. This collaboration has resulted in uniting resources and strengths contained within the communities, the regional behavior health agency, numerous provider agencies, and families. This has expanded the opportunities for families and professionals to learn from each other and work together equally to achieve common goals within their communities and region. NARBHA has also taken a proactive and supportive role in a newly, self-developed family-led community action team in Lake Havasu City.

With a similar thought in mind, a representative from OCSHCN has been participating on the Family Involvement Subcommittee co-chaired by MIKID and FIC of the Children's Executive Committee. This represents an opportunity for growth and development within the Parent-Led Community Action Teams associated with the OCSHCN, and the independent family organizations, MIKID and FIC, working with the DBHS.

On August 15th, staff from the Bureau for Children's Services attended a meeting of the Core Management Team for DBHS and reviewed the goals and objectives of the CDI-AZ. As a result of this meeting, the Core Team asked bureau and office chiefs within the Division of Behavioral Health to send 1-2 staff from each bureau and office to the mini-summit being held on 9/28/05. The desired result of this participation was for these individuals to go back to their offices and spread an understanding of the importance of this initiative and the relevance of CDI-AZ to each bureau and office within DBHS. There was, indeed, active participation from DBHS staff members attending the mini summit and each individual committed to taking the message back to their respective offices.

Office of Chronic Disease Prevention and Nutrition Services is working with new community partners in creative and innovative ways. Encouraging these efforts, communities have identified non-traditional settings to deliver nutrition education and promote healthy life styles.

Arizona Nutrition Network recruitment training for local partners is expanding the coordination and training efforts into the community by promoting current partners to identify and invite potential supporting community partners to attend the Arizona Nutrition Network training. In order to help guide the program development, the local partner invites members of the community who influence nutrition education in the community to attend the training. The state, in collaboration with the current partners, tailors the training to meet the needs of the community. This is a shift from the traditional partner training where the state staff planned and implement all trainings without community input. The training will focus on nutrition education efforts in the community, breaking down silos, and uniting the community with common nutrition messages. Partner training has been developed and is being implemented to deliver technical assistance to the communities to continue the efforts of broadening partner foundations.

Office for Women and Children's Health created an internal workgroup to review a community involvement manual developed in 2000 and establish strategies for integrating community involvement in all OWCH programs. Preliminary updates have been made to the manual. Workgroup members have solicited recommendations from contractors regarding families/individuals that may be interested in assisting OWCH with various

activities and projects including revising the community involvement manual. Staff members from OCSHCN have joined the workgroup and they have shared the procurement paperwork used to contract with families. The community involvement workgroup will be a long-term team. This will ensure that community involvement strategies are maintained despite changes in personnel. The workgroup will mentor new program staff and assist current program staff with any issues related to community involvement. Funding for community advisors needs to be maintained and programs with federal grant funding should budget for the services of community advisors when grant guidance permits.

OWCH staff members have begun thinking of possible partnership opportunities with families and individuals in relation to their specific programs. The workgroup members will serve as mentors to other program staff on implementation of the community involvement strategies and continue to provide input regarding the process.

Impact on families and communities:

Families and communities are playing an integral role in developing policies, procedures, natural supports, and resource allocation in partnership with our agency. This enhances our ability to plan, support and implement programs to effectively meet the needs of families and communities.

The ADHS/AHCCCS 5th Annual JK Action Plan has listed to “Strengthen the utilization of natural supports” as a key objective. One of the important tasks associated with that objective calls for ADHS to “continue to participate in the CDI-AZ (led by the Office of Children with Special Health Care Needs)”. DBHS, then, is officially recognizing the importance of this initiative and its potential for positive impact on the children and families enrolled in our public Behavioral Health system. Families across the state are being made aware of the national family movement to build family driven care.

Two other objectives in our 5th year JK plan are closely related to the CDI-AZ. One of these is to “utilize youth and families to inform the behavioral health system about the quality of practice and services,” while the other calls for us to “increase family, consumer and other stakeholder involvement in ongoing quality improvement initiatives”. Accomplishing these objectives will move us ever closer to the reality of family driven care.

DBHS has taken another step in this direction by submitting a Request for Proposals for Solicitation # HP632087. This RFP will offer contracts to agencies intended to “Promote consumer and family involvement in behavioral health services delivery system” in six discrete service areas. Those are as follows:

1. ADHS/DBHS System Transformation Activities
2. Peer and Family Support Services and Outreach
3. Latino Family Involvement Center
4. Support for consumer and family Involvement at conferences and meetings
5. Substance Abuse Recovery Training
6. Stigma Reduction Initiative.

A substantial dollar amount has been committed to establishing these contracts, which will be awarded later this year.

Collaboration with other agencies:

- OCSHCN community development program staff and parent community development leaders continue to provide technical assistance and support to the five child-serving state agencies.
- OCSHCN community development program Manager is participating as “expert faculty” to DES Collaborative Breakthrough Series.
- DBHS has participated as a member of the CDI-AZ Steering Committee, which is comprised of representatives from our community partners (e.g. CPS, AHCCCS, JPO), including family members. In addition, as mentioned earlier, the Family Involvement Subcommittee offers a venue for further collaboration around the CDI-AZ. Furthermore, family members from FIC and MIKID have contributed to the writing of this report, adding their unique perspectives and insights.

Changes resulting from initiative:

- ADHS is being seen as a statewide leader in promoting family leadership and the community development philosophy.
- As a result of the ADHS CDI-AZ Training Day, there is an increase in inter-office collaboration enhancing our partnership with families.
- Being introduced to the CDI-AZ and having the opportunity to listen to families and individuals affected by sickle cell disease, OCSHCN, OWCH, and OCDPNS have learned even more about the affects of the disease and what families and patients experience.
- Families coming to receive services through our behavioral health system are frequently struggling to meet their basic needs such as food, clothing, and shelter. DBHS provides the necessary behavioral health services and often helps the family become connected with family support and advocacy agencies such as FIC or MIKID. Once basic needs are met, some individuals move beyond self-advocacy, to family-to-family support at the community level. Some of these family members, achieving more lasting stability in their family lives, may also become involved in their communities or at the county/state policy level of various child-serving agencies.

Where we go from here:

- Continue support to the CDI-AZ within and across agencies.
- Sustain the eleven existing and two emerging Parent-Led Community Action Teams and Parent Community Development Leaders statewide.
- Increase the number and diversity of Parent Community Development Leaders and Parent-Led Community Action Teams annually.

- Promote family involvement and leadership within and across all agencies at all levels of decision-making.
- Develop partnerships for blended funding and grant proposals.
- Create a mentoring program on community development and family leadership for families and all state agency staff.

Challenges in moving forward:

- Moving staff mindsets from thinking of community involvement as a time specific project to an integrated methodology for conducting business. It may require staff to adjust timeframes for completing tasks to allow for meaningful community involvement.
- The myth that families or constituents are only recipients of services not contributors to improving the systems of care.
- Attitude of thinking that you bring families on as advisors to do the work of the agency to improve its service delivery system rather than the work of the community that strengthens and improves the quality of life for all in the community.
- Compensation funding and protocol for families and constituents does not exist within all state agencies.
- Collaborating with families, providers, community-based organizations, and policy makers to maximize resources and eliminate gaps in care.
- Promoting the various divisions, bureaus and offices within ADHS recognize that community development enriches and supports everyone and that each individual working at ADHS can become a positive change agent by embracing and championing the goals established by the CDI.
- ADHS faces a similar challenge opening people's eyes to the responsibility each individual has to champion the principles of the national family movement within behavioral health and locally by MIKID and the Family Involvement Center and to ensure that public systems serving children with mental health needs are transformed and become *family driven*.

Who is noticing:

- Parent Community Development Leaders and Parent-Led Community Action Teams and the CDI-AZ are being recognized as an innovative and effective program to increase collaboration and partnerships with families within and outside of Arizona.
- Parent Community Development Leaders and OCSHCN staff have been invited to present at the Maternal Child Health Bureau International Conference in

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Washington, D.C. in December 2006.

- Arizona's Child and Family Team Process was recognized as "Promising Practice" by the Florida Mental Health Institute in the June, 2005 edition of the national "Health Care Reform Tracking Project" series. In this report, they mention that Arizona "...appears to be in the forefront of offering family-driven care...". This recognition of our behavioral health system reflects the principles and values embraced by the CDI-AZ.
- National recognition of Arizona's values and principles surrounding family involvement come from the SAMHSA Child and Adolescent State Infrastructure Grant site visit report of 12/05, where they state, "Family involvement is one of the true strengths of the Arizona efforts. Families are clearly the partners they need to be and are clearly driving forces in the reform efforts and infrastructure development in Arizona, and are integral components of the service delivery and policy-making efforts."

How to sustain the movement:

- Develop a CDI-AZ strategic plan including identification, recruitment, and compensation of families across offices within ADHS.
- DBHS should continue to support the collaboration between our community partners around this initiative. As the system of care continues to mature and collaboration becomes second nature, there will be more opportunities to highlight the shared similarities. This sense of common purpose and shared values will strengthen the momentum within each individual and agency and thereby contribute to the sustainability of the movement.
- The involvement of families who are current recipients of behavioral health, and often other child-serving services through child welfare, juvenile justice, etc. in policy and program development as well as service delivery, and practice monitoring and quality improvement, represents a culture shift within the behavioral health system. The most important thing to do to sustain these changes is to continue these efforts and to highlight the positive impact they will have.

What we need from the Governor to sustain the Community Development Initiative of Arizona:

- Support the CDI of Arizona Steering Team.
- Workshop or conference highlighting best practices in community development and involvement would be helpful for sharing practical and meaningful applications of the CDI-AZ to a larger population.

Community Development Initiative of Arizona (CDI-AZ)

Arizona Department of Economic Security

Report to the Governor

Actions since the Summit to implement the Community Development Initiative:

Since the Circles of Success, Communities of Strength Summit held in April 2005 the Arizona Department of Economic Security (DES) has worked to embed the philosophy of improving outcomes for families by working together to build capacities of families and communities, which is in direct support of the DES vision.

The Vision of DES: Every child, adult, and family in the state of Arizona will be safe and economically secure.

The Department of Economic Security (DES) was established by the State Legislature in July 1972. The purpose in creating the department was to provide better integration of direct services to people in such a way as to reduce duplication of administrative efforts, services and expenditures. Although many efforts have been made in the past 30 years to improve the delivery of services to Arizona's families, most were aimed at accomplishing massive systems changes rather than locally driven community specific solutions for family directed services. In particular, there has been an absence of parents and family members at the table helping to redesign the system.

It is the belief of DES Director David Berns that the answer to meeting the department's vision is to bring together the resources of the department partnered with resources of families and local communities. At DES, this is referred to as Service Integration.

DES has established three statewide goals and has challenged staff at the local level to design and implement strategies to address those. The goals are: (1) reduce the adult cash assistance caseload by promoting self-sufficiency, (2) safely reduce the number of children in out-of-home care by strengthening families, and (3) safely reduce the number of children and adults in group homes, shelters and institutional placements by developing the capacity of extended families and communities.

Over the past two years, the Arizona Department of Economic Security (DES) has undertaken a number of new initiatives aimed at streamlining human services and building capacity within local communities to reduce poverty and family violence. Service integration principles are at the forefront of these initiatives. The goal is to improve client outcomes by better integrating the programs and services of DES and by collaborating more effectively with client families and community partners. Service integration fosters and is strengthened by personal and professional relationships among staff from many providers at the local level. The result is the service delivery system becomes a network of formal (contracted) and informal (personal) links that creates a system in which the whole is greater than the sum of its parts.

One of the most critical parts to this new way of doing business is the partnership between service providers and families. Following the summit in April 2005, DES staff

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and families who attended the summit met to review the DES – CDI Plan that was drafted at the Summit. Before this meeting, information was shared with department executive leadership and advisory groups about the need for a change in message from service/recipient to one of partnership with and development of families and community partners.

In addition to some of the strategies identified below, the department has taken significant steps to engage families and deliver services in a more holistic, strengths-based manner. These include the development of multiservice centers and the creation of a jobs privatization project, requiring contractors to immediately engage clients in activities that advance their employment goals. The Division of Children, Youth and Families, also within DES, is engaged in an effort to achieve systems change for supporting kinship care families through a Breakthrough Series Collaborative. Family connections teams are focused on empowering safe, healthy families and connecting them to resources in their own communities. Other strategies to engage families are described later in the report.

Impact on families and communities:

Community Network Teams

As part of the Child Protective Services reform efforts, **Community Network Teams (CNT)** were created from the existing network of DES advisory councils throughout the state. These teams have developed plans identifying existing services, resources and family supports within their local communities (including all gaps in services) and are describing how the community proposes to deliver improved services and better support for children, including protocols for increased collaboration.

There are currently 19 CNTs in Arizona with memberships ranging from 20 to 200. Several communities have utilized an asset-based Community Development (ABCD) process to develop a plan to increase the well-being of children and families. The key to the asset-based approach is to recognize and build on the strengths, capacity, and assets of local residents and their associations.

Effective communities have:

- Looked first within their boundaries to solve problems
- Recognized relationships as power
- Had a good sense of assets and capacities, not just needs
- Recognized that leaders open doors
- Involved local citizens
- Encouraged all people to take responsibility.

The ABCD process is based on the belief that every individual in a community has something to contribute to the good of the community and that these contributions, along with the resources of community groups, non-profit organizations, businesses and government, can be mobilized to build a better community. This process is designed as a first step in unleashing the power of a community, its families, children, associations, and institutions to work together to increase the well being of all residents.

To ensure the success of these efforts, it is critical that CNTs be composed of individuals who represent diverse sectors, including DES clients for whom community decisions will have an impact. Effective support of communities requires government to

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shift its role from defining problems and creating solutions to following community definitions and investing in community solutions.

Part of the ongoing dynamic of the Community Network Teams is cross-systems education between DES staff and community providers. This education highlights the need for seamless referrals to systems of care irrespective of which provider was accessed first. Several efforts are underway in local communities to establish a referral system that will allow a person to be triaged for all available services and then referred to those services.

When asked what they feel is the most beneficial part of participating in a Community Network Team, members statewide overwhelmingly reply, "It is the relationships that have grown and the connections made."

Family Leadership/Involvement

An important component of integrating services better is engaging community members who themselves have navigated the maze of services to meet a particular need. DES seeks to work hand in hand with families to develop and enhance self-reliant, self-sustaining communities and to move from serving needs to developing individual capabilities—in essence, helping families and communities help themselves. Introducing and refining integrated family-centered programs in DES that recognize the strengths and build capacities of individuals and families will result in strengthening Arizona's families.

A Community Development/Family Leadership (CD/FL) workgroup was formed to facilitate direct input from families (formerly or currently involved with DES services) on how to engage them as resource partners. A core team of family involvement professionals, families and representatives of each of the major program areas of DES are working to build a system for engaging families in all aspects of service integration.

The workgroup has divided itself into five sub-groups based on the reoccurring themes that developed out of the CDI Plan from the summit. The areas of focus are:

- **Family-Led Steering Committee** comprised of qualified family leaders to consult on DES policies and procedures and work closely with DES executive management.
- **Cross-Agency Collaboration** for partnering with other state agencies in jointly identifying and eliminating, wherever possible, policies and procedures that result in duplication of effort for families accessing multi-agency assistance.
- **Summit Planning Team** to organize a combined summit with Community Network Teams, family leaders from local communities and DES staff to discuss necessary steps for institutionalizing family involvement throughout all levels of the department.
- **Training/Marketing and Promotions** – to identify current Family Involvement curriculum, look for opportunities to showcase parents training other families and parents in self-advocacy and understanding systems to inform change. Another charge is the training of all DES staff, by families in the intricacies and protocols of family engagement.
- **Reimbursement/Funding for Family Leaders** creates a protocol for compensating family members who serve in a leadership role with DES management, local offices, or local community groups. Future steps will include protocols for family leader compensation consistent across all state agencies.

The current CD/FL workgroup membership is 30, of which 15 members represent

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consumer families.

Collaboration with other agencies:

The Community Development/Family Leadership workgroup has active representatives from ADHS/Office of Children with Special Health Care Needs and the Family Involvement Center (Phoenix). Additionally, the subgroup formed to drive cross-agency collaboration has merged with the CDI-AZ.

The Council of State Governments, in conjunction with the Association of Public Human Services Administrators, the Center for Law and Social Policy, Family Justice, the Child Welfare League of America and the Alliance for Children and Families, is seeking to improve outcomes for people released from prison and jail. Arizona was chosen to receive technical assistance in providing more integrated services to adults returning to the community and their families. To that end, we have partnered with the Arizona Department of Corrections and the Governor's Office to increase collaboration between child support and offender reentry, to develop real time data sharing agreements and increase offender involvement in case planning for their children. Once data can be shared consistently, small geographic pilots will begin to improve service delivery for offenders.

The department is partnering with the Annie E. Casey Foundation to develop and provide advocacy training to staff and families involved with implementation of the Family To Family program. Additionally, a cousin to this foundation, Casey Family Programs, is providing technical assistance and expertise. They have committed \$50,000 in funding specifically for compensation to families participating in the department's services integration efforts.

Changes resulting from initiative:

Train More Family Leaders to Guide Service Integration

When the department began engaging family leaders to participate in service integration efforts, it became imperative that they have the training and tools necessary to work hand in hand with DES. This training was provided by parent leaders from the Department of Health Services, Office of Children with Special Health Care Needs (OCSHCN). DES has developed an excellent working relationship with OCSHCN, which has agreed to provide customized family involvement training to both DES staff and client families. The Family Involvement Center in Phoenix has also agreed to assist in developing and providing training for client families. The Community Development/Family Leadership workgroup will determine what training is required based on the parent/family member's level of involvement. Client families working in their communities will need basic training to ensure that they are comfortable with the process. All training will be provided by family leaders to ensure that family involvement is being modeled. DES will be compensating family leaders for providing this training. In an effort to strengthen the leadership skills of family leaders, DES is committed to providing continuing education.

Train Staff and Partners in Service Integration

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A variety of mechanisms have been developed to ensure DES employees and partners not only have information about the vision of service integration, but also can explore their ideas and potential actions, and have the means to execute their jobs. To introduce employees to service integration, a video containing the vision was distributed to all DES employees in March 2005. Facilitated discussions were held to gather feedback on the vision and potential obstacles. A service integration framework containing concepts, parameters, and strategies was released in August 2005. A facilitated discussion methodology and accompanying materials are being developed to augment DES employees' ability to implement this vision and to create synergistic opportunities with partners.

To share the innovative ways that DES staff is implementing service integration, an intranet website was established in October 2005. This site provides employees an avenue to share challenges and successes on the path to service integration. It also provides employees with valuable information about service integration, including background and research, information about current service integration strategies at DES, resources to help develop and implement local strategies and contact information for those who can help along the way. When issues or questions arise that cannot be answered or resolved at a local level, DES has developed the "SI Help" electronic mailbox. Employees can e-mail successes and concerns to this address, which is monitored by the service integration core team. An issue resolution process has also been established and can be accessed through the website.

Where we go from here:

Service Integration utilizing a Breakthrough Series Collaborative (BSC)

The goal is to integrate services across department programs and connect with community and family resources in every part of the state. Given differences in geography and resources, strategies must be adjusted for each locality. The commonality is the ability of families to access what they need when they need it without bureaucratic barriers. Casey Family Programs, the nation's largest foundation focused on improving the lives of children in foster care, has recently granted permission for DES to use the Breakthrough Series Collaborative methodology. The basic premise of this tool is to establish local teams to look at simple, effective strategies that can be implemented quickly and within existing resources. Longer-term strategies, including those that require significant resources and infrastructure or those that do not involve the agency but still affect the families they serve, are being looked at through broader-based Community Network Teams that also exist in each county. Breakthrough Series teams look at what can be done right now; Community Network Teams look at what are the gaps and how to fill them. They compliment each other and work together to achieve a common goal: that every child, adult, and family in Arizona is safe and economically secure. Through this effort, new partnerships and relationships will be forged. A system for implementing continuous grassroots improvement will be in place throughout the state.

DES has established twenty Breakthrough Series Collaborative teams with one team representing each of the 15 counties. Additionally, three tribal teams have been identified and two special project teams within Maricopa County have been established.

The structure of each team includes six DES staff (one per program division), six community partners (mental health, substance abuse treatment, domestic violence, faith-based programs, youth corrections, other government agencies or other community-based providers), and six family members representing major target groups and who have experienced receiving services from one or more DES program.

In January 2006, training in BSC principles began for key staff, family members, and community partners. Casey Family Programs provided guidance and teaching for this train the trainers approach. In late February, early March 2006, training sessions were conducted for family partners to ensure they understood the importance of their voice in each of the twenty teams and also to assure them that DES valued their participation in the BSC. The training was developed in collaboration with parent leaders from the Department of Health Services, Office of Children with Special Health Care Needs (OCSHCN), parents, and staff of the Family Involvement Center, Phoenix and DES staff.

In March 2006, the local teams convened for a pre-training/orientation and an explanation of what they are going to accomplish, what methods they will employ and what commitments will be required from each team member. In the ensuing weeks Teams have met and identified their team Chairperson(s), do some team building activities and identified their six travel team members for participation in the BSC methodologies three Learning Summits, with the first to be held in May 2006. The travel team consists of equal numbers of DES/tribal staff, community partners and family members. At the Learning Summits, additional information on the processes and goals will be developed and shared. The teams will return to their teams to train the remaining team members. Each team will then identify, conduct small tests of change and implement various strategies that improve outcomes in their specific communities through enhanced partnerships and better integration of services.

Casey Family Programs has provided some funds to DES to be used to compensate family partners for their time at the Pre-trainings and Learning Summits. DES is seeking additional funding from other sources which will allow the department to compensate family partners for their participation at the local team meetings as well.

Human Services Campuses — DES is exploring an opportunity to co-locate in a social services complex in Prescott Valley with community partners such as Prevent Child Abuse Arizona, Arizona's Children's Association, Adult Probation, Early Head Start, and the West Yavapai Guidance Clinic. The philosophy behind this one-shop complex is to facilitate healthy families and divert them from CPS and law enforcement intervention. The Yavapai Family Advocacy Center is already located on site, having CPS staff also on location. This facility would function as a regional training and conference center for child welfare staff and law enforcement investigators statewide. The proposed target date for construction to begin is 2006. DES will relocate existing staff in Prescott Valley to this location in late 2007. Efforts to co-locate all state agencies and some DES community partners into a multi-service center in Flagstaff are also underway.

The DES director has discussed with ASU Provost Mernoy Harrison the opportunity for developing a Human Services Center as part of, or close to, their new downtown campus. The center would house all of the major services offered by DES including child welfare, TANF, Food Stamps, Medicaid eligibility, developmental disability services, child care subsidy, employment, vocational rehabilitation, child support

services and community-based programs. Other related federal, state, city and county human services, health services and employment programs would be encouraged to co-locate some of their services into the center. Community-based organizations, including faith-based groups, would be encouraged to share space and to integrate their approaches into a one-stop human services center.

DES is partnering with Annie E. Casey Foundation to develop a training curriculum to teach agency staff, families and community partners the essential skills for working together from a common foundation. The training will focus on familiarizing parents and community partners with DES processes and to teach them skills for moving through the system with more success. Workshops for DES staff will offer practical skills for engaging parents as partners and encouraging their self-advocacy. Training is in the process of development, to be ready by the fall of 2006.

Challenges in moving forward:

The largest challenge identified through this effort is that DES must change its mind-set and environment to operate as a nimble organization, transforming itself to meet the current needs of families and stakeholders from many different local communities. To address this, senior management continuously focuses on integrating services as the new way of doing business at DES, rather than a project or initiative. Providing leadership and discussing progress on service integration efforts at regular meetings is emphasized. A core team of professionals was established to provide technical assistance and philosophical guidance to local communities.

Change from the bottom up has been much more challenging. Efforts to shift the way DES does business, in order to be sustainable, must be identified by staff having direct contact with families and must be based on the needs of the local community. Anecdotal reports of culture change from community partners, including families, has identified more involvement and understanding about the changes being made at DES. While this culture shift has been slow, it has also been steady and deliberate.

Flexible service delivery is key in two ways. The department must be positioned to adapt practices in response to conditions. Local control and ability to make informed decisions quickly are critical to this flexibility. Immediate access to financial support and flexible funding for services is necessary to support the department's ability to remain nimble. Second, this flexibility provides families with the ability to make informed choices about their lives, promoting their roles as partners vs. recipients.

Families must be engaged in the provision of services, which must be family-centered and locally driven. Focus on the family first and the facility design second will be more successful. Families understand most what they need, and services must be provided in a manner flexible enough to support the varying needs of families. Co-location of DES programs supports and enhances a holistic, multi-faceted family-centered approach, but it should not be confused with service integration. DES has had multi-service and co-located offices in the past, but many remained siloed and treated families in a fragmented approach. This recent effort emphasizes the purpose of integration and collaboration to better serve the family and improve outcomes.

Who is noticing:

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Arizona is fortunate that Governor Janet Napolitano supports the principles of service integration. She established the Children's Cabinet to promote better collaboration and coordinated policies for children to ensure that the best interests of children and their families are considered at the highest levels of state government. This Cabinet comprises all state agencies serving children, including the Department of Education, representatives from the courts and those departments responsible for awarding grants to organizations serving children. This group has identified itself as the barrier busters, responsible for resolving collaboration and coordination issues across multiple agencies.

In November 2005, DES presented information to the Children's Cabinet to gain support for its efforts that involve cooperation across departments including service integration and offender reentry, child and family teams serving children in the child welfare system, and developing protocols for county probation, juvenile corrections and child welfare programs that assist dually adjudicated youth. A result of this presentation is a new partnership with the Government Information Technology Agency (GITA) to match offender release information with child support enforcement data as part of the corrections, reentry and service integration efforts.

The **Child Welfare League of America (CWLA)** has approached DES about developing Family Connections teams in Maricopa County to focus on improved housing outcomes for families involved with Child Protective Services (CPS).

Arizona State University (ASU) is in the process of moving four of its colleges to a new campus in the downtown Phoenix area. Part of their vision is to provide the best learning experience for students by offering realistic, hands-on learning opportunities in community-based settings. The university has a mission to serve the community by offering the latest research in best practice skills training for practitioners and service consumers. ASU also seeks opportunities to engage in relevant evaluation and research that will guide professionals and inform scholars on state-of-the-art practice. Moving to the downtown campus will be the College of Public Programs, the College of Nursing, the College of Journalism and Mass Communications and University College. All four of the colleges have significant connections to human services and individual development. The College of Public Programs is involved with the Department of Economic Security, especially through its School of Social Work, its Department of Public Administration and the Morrison Institute for Public Policy.

Stories/ Quotes

Pima County Community Network Team

With a membership of approximately 200 members from community based organizations, faith-based organizations, DES staff and residents, the Pima County Community Network Team identifies weaknesses and strengths in the child welfare system and makes recommendations aimed at reforming Arizona's Child Protective Services. The team represents an unprecedented coming together of mothers who had been involved with CPS caseworkers and other professionals.

The Pima County CNT focuses on eight primary areas:

- Information Access and Advocacy

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- Respect
- Comprehensive Support Services
- Engagement of Family Support Systems
- Poverty
- Domestic Violence
- Substance Abuse
- Out-of-Home Placement of Children

The Pima County CNT was highlighted in a recent *Tucson Citizen* article, "Former Addicts Become Leaders." The article focused on two mothers who had previous involvement with CPS due to their addiction to methamphetamine. Now clean and sober, the moms have their children back and wanted to bring about change to the system. Caraleen Fawcett has testified before the Arizona Legislature about her experiences. She has also made presentations to new CPS caseworkers, offering a parent's perspective of the system.

Additionally, many families have been helped through Family Connections teams. For example, the Gonzales family was referred to Family Connections by the school counselor. The father suffers from heart complications, gout, posttraumatic stress disorder, and a recent diagnosis of lung cancer. He served sixteen years in the military, receiving two purple hearts. He had previously been denied for social security disability. The mother and her brother also have overwhelming medical needs that impede regular employment.

Family Connections assisted the family with short-term cash assistance and advocated with the Veterans Administration to secure the father's pension of \$848. They assisted the mother in getting regular transportation to medical appointments. Family Connections helped the family to receive more than \$2,700 a month in disability payments.

The Gonzales family is grateful to Family Connections for helping them meet their basic needs and to cope with the multiple challenges they face.

How to sustain the movement:

In the past, efforts to improve human service delivery in Arizona have had mixed results. Attempts to co-locate services, involve families in services, or partner with community agencies have been somewhat successful; however, each of these efforts has also encountered difficulties. Funding issues, turf issues, view of the initiatives as pilots and lack of committed, focused leadership have limited the sustainability of many efforts. Service integration will succeed where prior efforts faltered because its impact is more fundamental. It is about changing the way that DES employees think about doing their jobs and about the relationships forged at the local level to improve outcomes for children and families.

The individuals and families who are helped most by this service integration approach are those defined as high need, which require multiple services, potentially across different programs and providers. This could include families living in poverty, families affected by homelessness or domestic violence, grandparents raising their grandchildren, or offenders reentering the community. Current strategies and those that will be implemented in the future focus on reducing the amount of time that passes

before high need families can access services, partnering with them to design a case plan that builds on their capabilities, coordinating case plans among DES programs serving the same families and collaborating with community partners to fill gaps in services or provide care and support once the family no longer needs or qualifies for DES services. This increased collaboration and cooperation results in a more coordinated, holistic approach that prevents situations in families from escalating and reduces reliance on government services.

Recently, service integration strategies at DES were tested as Arizona assisted thousands of evacuees from Hurricane Katrina. Although the needs of the evacuees were similar to many of the families that DES serves every day, their experience, and the state's response to it, was unique in the urgency, extreme need, and the significant trauma that the evacuees experienced just prior to coming to Arizona.

Lessons learned include:

- Clear and decisive leadership sets the tone of urgency and accountability for both DES and other providers.
- Empowered staff and managers, both internal to the department and in external service providers, are key to successful service integration.
- Families understand most what they need, and services and processes should be arranged in a manner flexible enough to support their varying needs.
- Models of service integration must be adjusted to the specific family population being served. Co-location and full service models are necessary to serve high need families but may not be required for all DES clients.
- Local control and ability to make informed decisions quickly are critical to flexibility. This flexibility provides families with the ability to make informed choices about their lives.
- Stand alone or sequential service delivery is duplicative, cumbersome, and frustrating for families. Easy and ongoing communication serves to facilitate better provision of services and strengthen relationships between service providers.
- Comprehensive assessment provides a holistic look into a family's life allowing information to be collected and stored in one central location that is accessible to a multitude of service providers.

What we need from the Governor to sustain the Community Development Initiative of Arizona:

The continued support of the Governor as we move forward with families.

Community Development Initiative of Arizona (CDI-AZ)

Families of Arizona

Report to the Governor

Actions since the summit to implement the Community Development Initiative:

Using the principles of family leadership and community development, families have demonstrated the value of doing business in a new way. Families involved with the summit have collaborated with agencies and communities to develop and participate in the following statewide and local projects. The recognition of the value of family leadership has increased at all levels.

Statewide Action:

- **First Responders Smart Card Program**

Families and community partners from Prescott area Tri City Partnership, in cooperation with local First Responders (Police, Fire, and EMS) have developed the First Responder Smart Card Program (FRSCP). This program offers a registration process, alerting first responders that there is a smart card on site and an individual with special needs may be at the registered address. The FRSCP also offers training for first responders on disabilities, and how to better recognize and respond to an individual with disabilities. It also provides training for parents and providers on when to call first responders, what happens when they call, and what they can expect when first responders arrive.

The FRSCP has been trademarked and licensed and is available at no cost to interested communities. At present, Yavapai County West (Prescott, Prescott Valley, Chino Valley, Mayer, Dewey, Ashfork) and the City of Scottsdale have adopted the FRSCP and it is up and running in their communities. Three hundred and five (305) first responders (fire, police, and EMS) and 48 parents and providers have been trained. There are 148 registered addresses. There have been numerous inquiries from other communities across the state, including Mohave County (Kingman, Lake Havasu and Bullhead City), Flagstaff, and Verde Valley (Cottonwood, Clarkdale, Camp Verde and Sedona). These communities are moving forward with the FRSCP and should be up and running within the next 3-6 months. Additional inquiries have been received from Surprise (Mayor's office), Gilbert PD, Peoria PD, Chandler, Phoenix, Glendale, Eagar, Nogales, Sierra Vista, San Luis, Tucson, and Paradise Valley. Out of state inquiries include Oklahoma, New York, Colorado, Michigan, Wisconsin, Texas, California, Florida, Illinois, and Iowa.

The FRSCP has the written endorsement of Governor Napolitano and AZ Peace Officer Standard & Training (AZ POST) Director Tom Hammarstrom.

- **Direct Support Professional Education Program**

Families and professionals from the Children and Family Alliance worked together to develop a Direct Support Professional Education Course which is a 3-credit hour college course designed to educate and train people who will be working directly with children and adults with disabilities. The course prepares the professional to work in a variety of different fields including education, social services, and health. Examples include aides in special education classrooms and respite providers contracted by the Division of Developmental Disabilities.

The Children and Family Alliance has offered the course through Northland Pioneer College for three semesters, and 25 students have completed the course. The college offered the class tuition-free as an in-kind contribution to the community. The curriculum has been copyrighted and purchased by Northern Arizona Regional Behavioral Health Authority for use in their clinics, and by another local provider.

As interest in the curriculum has grown, the Alliance committee is now working to implement the training statewide. In collaboration with the Governor's Long Term Care Task Force, a Core Curriculum Workgroup has been formed. It is designing a curriculum that meets the needs of a more diverse group of direct support professionals. It will include a core curriculum common to all areas of direct care, with additional modules in developmental disabilities, elderly and aging, Alzheimer's, and seriously mentally ill. The Alliance curriculum will be used as the model for the developmental disability module. The Division of Developmental Disabilities has also formed a Compensation Workgroup that is exploring the feasibility of a rate increase for those direct support professionals that have received the higher level of training developed by the Core Curriculum Workgroup.

The Arizona Department of Health Services, Office for Children with Special Health Care Needs, supports team infrastructure. These two particular projects were funded and supported by a DHHS Maternal and Child Health Integrated Systems grant, *Building Community Health in Arizona*, through Southwest Institute for Families and Children with Special Needs.

Local Community Action:

- Bullhead Area Community Partnership for Special Needs Children partnered with the city to facilitate the purchase of park equipment that is accessible to all children.
- The Flagstaff Community Partnership has formed three major workgroups: Advocacy, Mentoring and Training. Through these workgroups, the team is building partnerships and extending resources within their community.
- Chino Area Partnership collaborated with the Town of Chino Valley, Chino Valley Library, the Chino Valley Unified School District, the Transportation director, and the school's free lunch program to start the S.E.L.F. Club (Special Extraordinary Library Fun Club) program during summer vacation.
- Comunidades Asistiendo A Niños con Necesidades Especiales de Salud (C.A.N.N.E.) in San Luis collaborated with the Regional Center for Border Health to install the first special needs T-swings at Joe Cabello Park.
- ACTION Partnership for People with Special Needs worked with their community to put together a Resource Packet for families that have a newly diagnosed child. The Resource Packet is called the Someone Always Cares (SAC) Project. The SAC will be filled with medical and educational resource information for the family. Families, agencies, and Action Partnership gathered the information. The medical home group of Action Partnership collated the resources. American Heritage Academy Home Economics class sewed 70 tactile quilts to be placed in the SAC. Their student council even contributed \$300 for supplies. Other community businesses donated monetary support to this project. Action Partnership wanted to insure that families did not feel alone and had a starting point with their journey of raising a child with special needs. The SACs will be distributed by the local pediatric office, Division of Developmental Disabilities and Community Health Nurses.
- Mesa Partnership for Children with Special Health Care Needs organized an annual Family Fun Day event for children with special health care needs and their families.

- Kingman Area Partnership for Children with Special Needs celebrated their one-year anniversary with a huge potluck and holiday party on December 8. The Division of Developmental Disabilities called the week before Thanksgiving to request donated gifts for families and DDD clients. By December 7, a thousand dollars worth of gifts and forty complete holiday meals were donated. Twenty-one people attended including representatives agencies and companies collaborating: Division of Developmental Disabilities, Mohave Mental Health, Wal-Mart, AzEIP, Arizona Council on Rural Disabilities, Adult Protective Services, Kingman Unified School District, and ABRIO (local service provider). Also assisting with food and donated meals were Albertson's and Basha's.
- The event provided an opportunity for socialization, recreation, and networking and provided families with information on special needs resources.
- Tucson Community A.C.T.I.O.N Team provided a presentation to Tucson Unified School District, MIKID, AzEIP, University of Arizona representatives and others about their community action team and action plan.
- Page Partnership for People with Special Needs held its Second Annual Behavioral Health Conference on February 4, 2006. Dr. Daniel Davidson from the Arizona Positive Behavior Support Institute at Northern Arizona University was the speaker. Dr. Davidson advocates for a positive rather than punitive approach to discipline. Fifty-eight family members and professionals, including foster parents and Navajo Nation residents, attended the Positive Behavioral Support Workshop. This effort was funded through a grant from the Lake Powell Community Foundation, an Arizona Community Foundation affiliate.
- The Casa Grande Family Empowerment Network (FEN) hosted a Family Expo in March 2006. They coordinated and executed the entire event with over 50 exhibitors.
- The Globe FEN group presented a "Grandparents Raising Grandchildren" training and guardianship workshop to increase the knowledge of families.
- Pinal Gila Behavioral Health Association's Family Empowerment Network was invited by the manager of Pinal County Juvenile Detention to collaborate in establishing a Family Resource Center and to hold FEN meetings at their new detention center.
- NARBHA Family Leadership Network has been actively engaging psychiatrists, clinicians, case managers, community members, and families in family-led trainings; including topics such as Fetal Alcohol Syndrome, Fetal Alcohol Effect, Family Leadership, and NAMI's "In Our Own Voice" public forum presentation.
- Parents of Awesome Children in Lake Havasu City has come together with many of their local resources to expand the availability of occupational therapists for children and individuals in their remote community through collaborative efforts of DES/DDD, NARBHA, Mohave Mental Health Clinic, and their local nursing facility.

Impact on families and communities:

With the learning that occurred at the Summit, family members have gained a renewed sense that their experience, talents, and skills are invaluable to their communities. Momentum for action within organized communities is greater than ever. The increased attention to the value of partnering with families has made us acutely aware of the need to be constantly developing new family leaders to share in the growing work. Agencies are moving past the notion of families simply giving advice on how to make service better and are asking families to be part of the design and implementation of the service delivery

system. Families across the state are being made aware of the national family movement to build family driven care.

Families are inviting all agencies and other interested community members to collaborate with them at the local level to create and connect resources that will build strong, healthy communities. The focus is the community, not the agency. The outcome has been that team members feel a genuine sense of partnership and the results are inspiring. Families believe more in themselves and their community. Communities are experiencing a renewal of community spirit and a desire to work together for the good of all.

The existence of family-led community action teams invites participation, resources, and collaboration opportunities from other arenas. Competitive grants are awarded due to an easily accessible and functional community team infrastructure. Established parent leadership enables attractive and unusual proposals that ultimately benefit the community and lead to systems-wide change. Just as important, grants bring additional resources, technical assistance and recognition to community led initiatives, which in turn supports the continued development of the action teams. The First Responder Smart Card Program and the Direct Support Professional Education Program demonstrate that significant statewide and national change *can* begin in communities.

Collaboration with other agencies:

- A Parent Community Development Leader is a member of the School Readiness Design Team with the Governor's Office for Children, Youth and Families.
- Parent Community Development Leaders and families from the Family Involvement Center partnered with the Department of Economic Security to plan, present and facilitate a two day Pre-Training on community development and family leadership for DES staff, families and community partners as they create 20 teams to take part in a Breakthrough Series Collaborative on system integration. Casey Foundation staff commented that it was the best family led training they had seen.
- Families from Family Involvement Center, Mentally Ill Kids In Distress and Parent Community Development Leaders collaborated with staff at the Department of Health Services to present an all day training on community development and family involvement as a follow-up to the April 2005 Summit. Seven offices from within DHS were present and developed action plans to implement this strategy.
- Parent Community Development Leaders partnered with Esteban Veloz, Administrative Liaison to the Superior Court Presiding Judges for Arizona Department of Juvenile Corrections to present the community development model to seven Juvenile court judges and local staff. Mentorship was offered from established action teams to teach families, staff, and other partners about community development as these groups begin to take action.
- Director Tony Rodgers of Arizona Health Care Cost Containment System gave a presentation at a meeting for Parent Community Development Leaders on health care in Arizona. The director has given his support to Quest To Cure that members from AHCCCS will be collaborating with families to develop the protocol and training for the Sickle Cell Advocate a U.S.B. flash drive medical record for families and individuals with Sickle Cell disease.
- The community development model was presented to the Governor's Council on Developmental Disabilities and two parent community development leaders attended their 5 year planning retreat to discuss ways to partner in communities across

Arizona.

- Department of Health Services, Office for Children with Special Health Care Needs, are now providing support and technical assistance to two new family-led action teams: one geographic team located on the Hopi Nation, Turtle Nation Coalition Movement. This team rotates meeting locations between the villages to encourage participation from all interested family and community members. The team's first initiative is to increase disability awareness for the Hopi Nation. Quest To Cure team is not location specific but is serving families of children with Sickle Cell Anemia.
- Two Parent Community Development Leaders developed and presented, with help from other families, one-day training on Family Leadership sponsored by DES in July 2005. One day was offered in Tucson and another in Phoenix. Twenty people attended these two trainings.
- Pinal Gila Behavioral Health Association has established Family Empowerment Network groups that meet monthly in Apache Junction, Casa Grande, Payson, and Globe. The FEN is designed to help families work together to promote wellness explore healthy family activities, pinpoint strengths and identify community support and activities.
- The Family Involvement Center and Mentally Ill Kids in Distress have increased their grassroots efforts of involving families in program planning and development activities, as well as monitoring the systems transformation through family forums and family-to-family interviews.

Changes resulting from initiative:

- Many more people have become aware of the potential of the Community Development Initiative and its ability to increase community and family capacity.
- There is an increase in the desire from agencies to include families in all levels of decision making because they see the value of family leadership.
- We are seeing an increase in agency participation on the local community action teams.
- Not only are families becoming aware of the state and national movement to build a system of family driven care, but they are becoming involved with leadership opportunities to bring about the community development model of collaboration, partnership, and pro-active action.
- Cross agency relationships are growing stronger as staff partner to share expertise and resources that contribute to community successes.

Where we go from here: How to sustain the movement:

- Continue to strengthen established community action teams, pursuing options for infrastructure and financial sustainability.
- Look for opportunities to create teams in new communities.
- Increase the number of families trained in community development and family leadership.
- Families who are current recipients of behavioral health and often other child-serving services such as child welfare and juvenile justice, etc. are involved

in policy and program development, service delivery, practice monitoring, and quality improvement. This represents a significant culture shift within the behavioral health system. It will be important to highlight the positive impact they have in order to sustain these changes.

Challenges in moving forward:

- There are not enough families trained in community development.
- Community development is not readily understood. It takes practice. It takes patience and persistence to put into action the community development model.
- It is a challenge to increase family leadership that reflects the social, economic, and cultural diversity of our state.
- Families and agency staff need more experience working together in true partnership in order to reach a balanced sharing of responsibility.

Who is noticing:

- The Maternal and Child Health Bureau has asked parent community development leaders to present this model at an international conference in Washington D.C. this fall.
- Prevent Child Abuse AZ asked for a presentation at their Annual Family Centered Practice Conference this summer.
- Two parent community development leaders have been asked to participate with DES as expert faculty for the Breakthrough Series Collaborative on system integration.
- We have had inquiry from Utah State University about the Community Development Initiative and they are interested in helping us share this process with other states.

What we need from the Governor to sustain the Community Development Initiative of Arizona:

- Create a method for state agencies to institutionalize community development into the Request for Proposal (RFP) process.
- Formalize the Community Development Steering Team.
- Establish and implement a consistent statewide policy to compensate families for community development and family leadership work.
- Explore or research the pooling of agency resources to overcome bureaucratic processes and support family leadership and community development.
- Ensure availability of funding as well as timely reimbursement of parent leadership.
- Establish a periodic reporting schedule and format for initiative updates.

Community Development Initiative of Arizona (CDI-AZ)

Governor's Office for Children, Youth & Families School Readiness Board

Report to the Governor

Actions since the Summit to implement the Community Development Initiative:

Since the Circles of Success, Communities of Strength Summit held in April 2005 the School Readiness Board (SRB), which is a Division of the Governor's Office for Children, Youth & Families, has continued to support the community development philosophy of building on community assets and strengths. One of the goals of the SRB is to create ready communities so that children birth to five can be safe, healthy, and ready to succeed as they start first grade.

To further this goal, the SRB and the Governor have partnered with the Arizona Community Foundation and partners statewide to create the Arizona Early Education Funds, a public/private partnership focusing on early childhood education. The goal of the funds is to help communities statewide build the quality and capacity of early childhood education programs for children birth through age five. Grants will be made in three areas: statewide innovations, quality improvement grants, and regional partnerships.

In the summer of 2005, the SRB and AEEF formed an ad hoc design team tasked with designing the Regional Partnership RFP. The design team is Chaired by Nadine Basha who serves both as chair of the SRB and a member of the AEEFs board of directors. Regional Partnerships Design Team members included Carol Hagberg representing the Community Development Initiative; and representatives of the Governor's Office for Children, Youth & Families - State School Readiness Board; Department of Economic Security; Northern Arizona University; University of Arizona; Arizona State University; Arizona United Ways; Children's Action Alliance; and Southwest Human Development.

To further parent involvement, community Interviews were held with key community stakeholders across Arizona to gather feedback on the Design Team template. Nine sessions were held in the following counties:

- Apache County
- Coconino County
- Intertribal Council of Arizona
- Maricopa County
- Pima County – Two Groups & one individual
- Pinal County
- Yavapai County

The guiding principles used to develop the Regional Partnerships RFP dovetail with CDI's principles. The process focused on asset based community development, which fosters the involvement of local citizens in the policymaking affecting their families. The RFP was

C o m m u n i t y D e v e l o p m e n t I n i t i a t i v e o f A r i z o n a

modified to reflect the feedback received during the community interviews.

The impact on families and communities:

The parent participation on the Design Team brought a unique perspective to the final document ensuring that the content is responsive to parents and families. Recognizing the value of parent input, the SRB provided a mechanism to compensate CDI-AZ member Carol Hagberg for her time and travel.

Parents were also valued participants in the community interviews and will be integral members of the Regional Partnerships.

Collaboration with other agencies:

The Governor's Office for Children, Youth, and Families – State School Readiness Board has been involved in the Community Development Initiative through participation on the Planning Team for the CDI-AZ Summit held in April 2005. The SRB continues to be involved through participating in and hosting ongoing meetings of the CDI-AZ Steering Committee.

Changes resulting from initiative:

Parents are an integral part of a statewide early childhood systems building endeavor in Arizona. Parent voices are being included in the dialogue for establishing best practices in the area of early childhood education.

Where we go from here:

The SRB will continue to involve parents as we move forward in establishing policies and creating systems to improve the quality of care of children birth to five.

Challenges in moving forward:

The majority of planning and implementing meetings occur during the workday and are geographically convened in central Arizona. It is difficult for parents to attend due to work, and family responsibilities.

Distance and the cost of travel adds to the challenges of attending and fully participating in scheduled meetings.

Administrative barriers may present obstacles to reimbursing parents for their time and travel to attend meetings.

Who is noticing:

National and local foundations and organizations continue to inquire and partner with the work of the SRB and the Arizona Early Education Funds. Through ongoing dialog with representative of these organizations, we believe that substantive collaborations with these groups may develop in the near future.

Stories/ Quotes

The Community Interviews held around the state resulted in heightened interest in the Community Development Initiative philosophy as envisioned in the SRB Regional Partnership process. These interviews provided a clear indication of the assets and strengths of parents, community leaders, and business leaders bring to this project.

The comments below were offered by participants attending the community Interviews:

What do you view as the partnerships greatest accomplishment?

- *Gathering everyone around the table*
- *Getting so many parents, children and providers to the town council meeting to talk about the need for child care*
- *We have a core of committed people*
- *Meeting in a collaborative manner*
- *Everyone knows each other and they have built relationships*

Lessons Learned:

- *Accept some turnover and welcome the new people*
- *Do something concrete. Don't just sit around and brainstorm.*
- *Providers must help guide the parameters and feel valued for the service they provide the community*
- *Persistence pays off*
- *Strong leadership is key*
- *Actively seek the people you need to be involved*

Additional comments:

- *Variety of stakeholders adds strength*
- *Recognize that not all stakeholders will have access to internet/e-mail*
- *Trust is critical*
- *Empower people and make them feel like key players*
- *Build the partnership around the participants*
- *Inclusivity*
- *Engagement of parents*
- *Parents need to know to demand quality care*
- *Keep in mind – continue to encourage good working relationships – reward this – not the competition*
- *Reward the strength of being together in this*

C o m m u n i t y D e v e l o p m e n t I n i t i a t i v e o f A r i z o n a

How to sustain this movement:

Continue to involve parents in the development of statewide regional partnerships.
Provide opportunities for linking the CDI-AZ philosophy to the early childhood development initiatives throughout the state.

What we need from the Governor to sustain the Community Development Initiative of Arizona:

Governor Napolitano provided opportunities for the CDI-Parents to make important connections to the state agency leadership through a presentation to the Governor's Children's Cabinet. The Governor and the Children's Cabinet also supported the April 2005 CDI-AZ Summit—an important milestone in the evolution of this initiative.

Governor Napolitano's ongoing support through her agency directors and staff is most appreciated.

Circles of Success

Communities of Strength

FORWARD

Partners

Office of the Governor

Families of Arizona

Arizona Department of Economic Security

Arizona Department of Education

Arizona Department of Health Services

Arizona Department of Juvenile Corrections



The Community Development Initiative sets in motion a dramatic shift in the way that we think about and provide human services. It is a fundamental departure from methods that promote dependency and keep people isolated from one another and from conditions that affect their well-being.

There will be a shift in focus – from what is wrong to what is possible. From what is missing to what is on hand.

There will be a shift in responsibility. Currently state agencies are expected to fix problems. It is seen as their job, their responsibility. This is an impossible task. It's not their job anyway. This is a shared responsibility. State agencies will no longer attempt to do the work of communities but will work with communities to improve conditions that affect lives. As CDI-AZ builds momentum, agency professionals, local community members, and people currently seen as in need of services will routinely collaborate to identify possibilities to promote community health, moving beyond a belief that fixing problems is the best that we can do. Healthy communities will produce healthy people.

As a result of this initiative, a network of linked communities, in partnership with State agencies, will address statewide issues that affect local success. State systems will be put into place, maintaining health and preventing problems, not just fixing them once they occur.

It is a visionary agenda, one grounded in practical methods with available resources. It represents not only a change in practice, but in philosophy as well. It will require learning, purposeful attention, and patience. It is nothing short of transforming the business of human services.

Arizona will be a model for the nation.

RECOMMENDATIONS

SUPPORT AND SANCTION
FROM THE GOVERNOR

CONTINUED SUPPORT FROM THE CHILD
SERVING AGENCIES OF ARIZONA

STATEWIDE PROTOCOL FOR FAMILY
LEADERSHIP COMPENSATION

INCREASE THE NUMBER OF FAMILY– LED
COMMUNITY ACTION TEAMS IN THE STATE

SUSTAINABILITY OF THE
COMMUNITY DEVELOPMENT INITIATIVE
OF ARIZONA STEERING TEAM

COMMUNITY DEVELOPMENT CONFERENCE

COMMUNITY DEVELOPMENT SUMMIT
SPRING 2007

COMMUNITY DEVELOPMENT INITIATIVE OF ARIZONA 2006

Community Development Initiative of Arizona Steering Team

Oly Cowles
Community Corrections
AZ Department of Juvenile Corrections
1624 West Adams
Phoenix, Arizona 85007
Phone: (602) 364-0938
Fax: (602) 542-4108
E-mail: ocowles@adjc.gov

Robert Crouse
Children's Service Coordinator
Division Of Behavioural Health Services
AZ Department of Health Services
150 North 18th Avenue #220
Phoenix, Arizona 85007
Phone: (602) 364-1233
E-mail: crouser@azdhs.gov

Joan Agostinelli
Office Chief
Office for Children with Special Health Care
Needs
AZ Department of Health Services
150 North 18th Avenue, Suite 330
Phoenix, Arizona 85007
Phone: (602) 542-2584
E-mail: agostij@azdhs.gov

Gina Flores
Community Relations Administrator
AZ Health Care Cost Containment System
801 East Jefferson
Phoenix, Arizona 85034
Phone: (602) 417-4736
Fax: (602) 252-3536
E-mail: Gina.Flores@azahcccs.gov

Judith Fritsch
Intergovernmental/Community Liaison
AZ Department of Economic Security
1789 West Jefferson, Suite 801A8
Phoenix, Arizona 85007
Phone: (602) 542-0283
Fax: (602) 542-5339
E-mail: jfritsch@azdes.gov

Susan Hallett
Service Integration Project Coordinator
AZ Department of Economic Security
1717 West Jefferson, Suite 010A
Phoenix, Arizona 85007
Phone: (602) 364-0605
E-mail: shallett@azdes.gov

Becky Hamblin
The Alliance for Children and Families of
Southern Apache County
Post Office Box 1015
Eagar, Arizona 85925
Phone: (928) 333-4230
E-mail: bhamblin@frontiernet.net

Linda Hamman
Health Program Manager III
Office for Children with Special Health Care
Needs
AZ Department of Health Services
150 North 18th Avenue, Suite 330
Phoenix, Arizona 85007
Phone: (602) 364-1403
Email: hammanl@azdhs.gov

Mark Homan
Consultant
1619 E. 8 th Street
Tucson, Arizona 85719
Phone: (520) 623-7320
E-mail: mbhoman@msn.com

Vicki L. Johnson
MIKID, Mentally Ill Kids in Distress
755 E. Willetta, # 128
Phoenix, Arizona 85006
Phone: (602) 253-1240
E-mail: v_johnson@qwest.net

Valerie Luks
Traumatic Brain Injury Statewide Coordinator
Exceptional Student Services
AZ Department of Education
1535 West Jefferson, Bin 24
Phoenix, Arizona 85007
Phone: (602) 364-1989
E-mail: vluks@ade.az.gov

Liz McClain
Parent Leader/PGBHA
2066 W. Apache trail Suite 116
Apache Junction, Arizona 85220
Phone: (602) 228-8292
E-mail: lizzymcclain@msn.com

Teresita Oaks
Section Manager
Office for Children with Special Health Care
Needs
AZ Department of Health Services
150 North 18th Avenue, Suite 330
Phoenix, Arizona 85007
Phone: (602) 364-3272
E-mail: oaksT@azdhs.gov

Molly Parrott
Flagstaff Community Partnership
Community Development Leader
3014 N. Tindle Blvd.
Flagstaff, Arizona 86004
Phone: (928) 526-5156
E-mail: Molly.Parrott@narbha.org

Ramona Quihuiz
Program and Project Specialist
Office for Children with Special Health Care
Needs
AZ Department of Health Services
150 North 18th Avenue, Suite 330
Phoenix, Arizona 85007
Phone: (602) 364-1497
E-mail: rquihuiz@azdhs.gov

Estaban Veloz
Superior Court Liason
AZ Department of Juvenile Corrections
1624 West Adams
Phoenix, Arizona 85007
Phone: (602) 542-4185
Fax: (602) 542-4108
E-mail: eveloz@adjc.gov

Frank Rider
AZ Department of Health Services
Bureau Chief
Bureau for Children's Services
150 North 18th Avenue, Suite 220
Phoenix, Arizona 85007
Phone: (602) 364-4627
E-mail: riderf@azdhs.gov

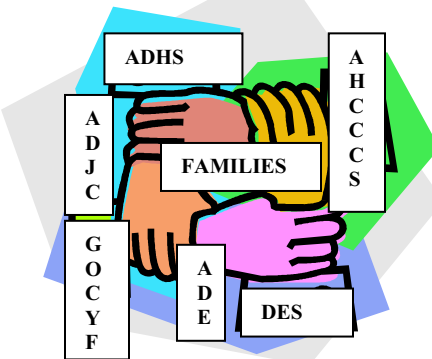
Kim Stamper
Community Development Leader
Tri-City Partnership for Special Children and
Families
3673 N. Castle Drive
Prescott Valley, Arizona 86314
Phone: (928) 772-0698
E-mail: kstamper@cableone.net

Jan Johnson
Community Development Leader
Mesa Partnership for Children with Special
Health Care Needs
635 West Camino Circle
Mesa, Arizona 85201
Phone: (480) 969-5980
E-mail: jan_j@byu.net

Marta Urbina
Health Program Manager III
Office for Children with Special Health Care
Needs
AZ Department of Health Services
150 North 18th Avenue, Suite 330
Phoenix, Arizona 85007
Phone: (602) 364-3301
E-mail: urbinam@azdhs.gov

Judy Walruff
Early Childhood Health Systems Coordinator
Governor's Office for Children, Youth, and
Families
Arizona State Board on School Readiness
1700 West Washington, Suite 101
Phoenix, Arizona 85007
(602) 364-2240
E-mail: jwalruff@az.gov

*"The matter was successfully resolved due to
the collaborative efforts of various partners"*



TAKE ACTION TO PROMOTE
COMMUNITY DEVELOPMENT
FAMILY LEADERSHIP
COLLABORATIVE PARTNERSHIPS



Community Development Initiative of Arizona
Report to the Governor 2005-2006

COMMUNITY DEVELOPMENT INITIATIVE OF ARIZONA (CDI)

The Arizona Department of Health Services, Office for Children with Special Health Care Needs (OCSHCN) adopted the community development philosophy in 1993 as the model for the formation of Parent-Led Community Action Teams. There are currently eleven teams and 32 Parent Community Development Leaders representing 25 different communities.

The goal of this initiative is to develop self-reliant, self-sustaining communities with action teams that mobilize local, state, and federal resources to strengthen families and the communities in which they live.

The CDI is fundamentally unique because the work is family and constituent led or directed and agency supported; not agency led and family supported. The essence of community development is bringing families, agency representatives and other interested community members together to do the work of the community, not the work of the agency.

Community development work needs to be done at both the community and state level. When best practices of community development principles are embraced at the local level, we will see the largest impact for families who are affected by services. Community development at the state level facilitates effective collaboration between families and agencies. This builds partnerships across and within agencies to increase collaboration and resource sharing. Commitment to parent and professional partnership is required because no one group can do this work successfully without the other. These effective partnerships lead to stronger communities.

Parent Community Development Leaders in partnership with the state child-serving agencies hosted a summit, **Circles of Success, Communities of Strength**, in April 2005 as the kickoff event for ongoing collaborative learning, partnership and actions. Teams comprised of families and agency representatives from Office of the Governor, Children, Youth and Families, Department of Economic Security, Department of Education, Department of Health Services, Department of Juvenile Corrections, and Arizona Health Care Cost Containment System left the summit with a strategic plan to implement the CDI. This report reflects the progress from August 2004-April 2006.

Principles of the Community Development Initiative

Community development recognizes and builds upon local community capacities to care for children and strengthens the family and community.

Professionals see families move from recipients of service to self-reliant developers and contributors.

Communities and the people who live there are positively influenced and altered through exposure to the principles and practices of the CDI.

Community development promotes and enhances family and constituent and professional partnerships and interagency collaboration at the community, regional, and state level.

Family leaders and constituents serve as liaisons, developers and coordinators of activities and communication.

Community development encourages the development of individual and family strengths and is supported by local, state, and federal resources.



"I can see where this initiative can grow so...Big"

GOVERNOR'S OFFICE FOR CHILDREN, YOUTH AND FAMILIES

Parents are an integral part of a statewide early childhood systems building endeavor in Arizona. Parent voices are being included in the dialogue for establishing best practices in the area of early childhood education.

Challenges:

Time of scheduled meetings, distance, and costs potentially limit parent involvement in planning and implementing projects such as the regional partnerships. Administrative rules and regulations may present barriers to reimbursing parents for their time and travel to attend meetings and events that would benefit from their expertise and input.

Recommendations:

Continue to acknowledge and support the active involvement of parents in the development of statewide regional partnerships. Provide parents with a per diem and travel reimbursement, when possible. Provide opportunities for linking the CDI philosophy to the early childhood development initiatives throughout the state.

Commitment:

The Governor's Office for Children, Youth, and Families, School Readiness Board will continue to support the CDI by remaining actively involved as a partner in implementing CDI principals in the work of improving Arizona's early childhood systems of care and education.

FAMILIES OF ARIZONA

Parent Community Development Leaders and other family leaders from across Arizona have worked with the child-serving agencies to ensure that family leadership is being encouraged and community development principles are adopted as a new way of doing business.

Challenges:

Increasing family leadership that reflects the social, economic, and cultural diversity of our state. Families and agency staff need more experience working together in true partnership.

Recommendations:

Develop and adopt a strategy by all agencies for the compensation of family leadership. Continue to implement and reward community development within established community teams and work to develop new teams in other areas.

Commitment:

Families are confidently committed to the principles of community development and family leadership. They will continue to step up and partner within their communities and at the state level, to make Arizona a safe and supportive place to live.

ARIZONA DEPARTMENT OF ECONOMIC SECURITY (DES)

DES has worked to embed the philosophy of improving outcomes for families by working together with families and communities to build their capacity, which is in direct support of the DES vision that every child, adult and family will be safe and economically secure.

Challenges:

The largest challenge identified through this effort is that DES must change its mind-set and environment to operate as a nimble organization, transforming itself to meet the current needs of Arizona.

Recommendations:

The continued support of the Governor as DES moves forward with families.

Commitment:

DES believes change will come as a direct result of empowering DES staff, families and community partners to build relationships at the local level to improve outcomes for children and families.

ARIZONA DEPARTMENT OF EDUCATION (ADE)

ADE participated in the Circles of Success, Communities of Strength Summit held in April 2005.

Commitment:

The CDI-AZ Steering Team will continue their efforts to promote the participation of the Department of Education.

ARIZONA DEPARTMENT OF HEALTH SERVICES (ADHS)

Families and communities are playing an important role in developing policies, procedures, natural supports and resource allocation in partnership with ADHS.

Challenges:

Disperse the myth that families or constituents are only recipients of services, not contributors, to improving the systems of care. It will be a challenge helping the various divisions, bureaus and offices within ADHS recognize that community development enriches and supports everyone and that each individual can become a positive change agent by embracing and championing the goals established by the CDI. Universal compensation funding and protocol for families or constituents does not exist within all state agencies.

Recommendations:

The Governor's continued support for the continuation of the CDI steering team to sustain the momentum of this movement.

Commitment:

Develop a CDI strategic plan including identification, recruitment and compensation of families across ADHS. Continue support to the community development Initiative of Arizona within and across agencies. Continue to recognize that community development enriches and supports us all and that each individual working at ADHS can become a positive change agent by embracing and championing the goals established by the CDI. The system of care continues to mature and collaboration becomes second nature, there will be more opportunities to highlight similarities, as agencies support the children and families in the communities. This sense of common purpose and shared values will strengthen the momentum within each individual and agency and contribute to the sustainability of this movement.

ARIZONA DEPARTMENT OF JUVENILE CORRECTIONS (ADJC)

ADJC has embraced this concept and many of the CDI principals are incorporated into the Department's Strategic Plan. One of our major goals has been to develop a system to identify family strengths and needs.

Challenges:

ADJC continues to move forward toward becoming a family friendly agency; however, safety and security must be maintained. Parents of ADJC youth have had frequent contact with either the police or juvenile probation and the courts before their son or daughter arrives at ADJC. Consequently, parents are skeptical about being asked to become involved.

Recommendations:

Governor Napolitano has expressed her support of this initiative, which demonstrates her dedication to the children and families of Arizona. With the Governor's continued commitment to this initiative of bringing together families and constituents of Arizona's child-serving agencies, this will enhance collaboration and seamless systems of care for youth and families, which will further strengthen agencies and communities.

Commitment:

ADJC knows that in order to achieve its goals and vision they must partner with families, communities, and state agencies. ADJC has strengthened relationships with these partners and will continue to do so. In order to move from providing services to developing communities ADJC must empower families and give them the tools, training, and skills they need to be successful. Department personnel will remain actively involved in the efforts of the CDI and provide leadership and support.

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM (AHCCCS)

AHCCCS staff involvement in last year's CDI summit began to lay the groundwork for the exploration of varied approaches to partnerships with the community beyond those already employed.

Challenges:

The AHCCCS agency structure differs from other service-oriented agencies.

Recommendations:

The CDI needs the Governor's continued support and advocacy. Sharing information about our agencies is the first step toward building community capacity and creating healthy self-sustaining communities.

Commitment:

AHCCCS is dedicated to the CDI and supports the principles as they relate to the agency's overall mission. AHCCCS' CDI-AZ involvement and support will continue and be coordinated by the Community Relations Office.

Circles of Success

Communities of Strength

Partners

Office of the Governor

Families of Arizona

Arizona Department of Economic Security

Arizona Department of Education

Arizona Department of Health Services

Arizona Department of Juvenile Corrections

